Payline SECURITY AUTHORIZATION REQUEST

TO BE COMPLETED BY AGENCY SECURITY OFFICER	BOX 1

_____

Print Name of Agency Security Officer

_____   _____

Signature   **DATE**

Requested Payline Action →

        1. **NEW (requires individual Payline security record to exist prior to providing masking access)**
        2. **CHANGE**
        3. **DELETE (only deletes masking access)**

Requested Security Level →

        1. **View Payroll**
        2. **View Leave**
        3. **View Payroll and Leave**

Requested Agency Codes: _____

_____

Completed by CIPPS User:	Box 2

By signing below, I hereby certify that I will not allow another individual to know and/or utilize my access to Payline information.

_____   _____

PRINT NAME   **SOCIAL SECURITY NUMBER**

_____   _____

SIGNATURE   **DATE**

E-MAIL ADDRESS: _____
PHONE NUMBER: _____

_____   _____

CIPPS SECURITY OFFICER   **DATE**

_____   _____

Payline SECURITY OFFICER   **DATE**